



SEMS DocID 621066

ITEM NUMBER

- II. Pollutant Characteristics ☐
- *III. Name of Facility ☐
- IV. Facility Contact ☐
- V. Facility Mailing Address
- A. Street or P.O., Box ☐
- B. City or Town ☐
- C. State ☐
- D. Zip Code ☐
- VI. Facility Location
- *A. Street, Route Number ☐
- B. County Name ☐
- *C. City or Town ☐
- *D. State ☐
- E. Zip Code ☐
- F. County Code (if known) ☐
- VII. SIC Codes (other than Process and Hazardous Waste) ☐
- VIII. Operator Information
- *A. Name ☐
- *B. Is the name listed in VIII-A also the owner ☐
- C. Status of operator ☐
- D. Phone ☐
- *E. Street or P.O. Box ☐
- *F. City or Town ☐
- *G. State ☐
- H. Zip Code ☐

- | | | |
|-------|--------------------------------|--------------------------|
| IX. | Indian Land | <input type="checkbox"/> |
| X. | Existing Environmental Permits | <input type="checkbox"/> |
| XI. | Map | <input type="checkbox"/> |
| XII. | Nature of Business | <input type="checkbox"/> |
| XIII. | Certification | |
| | A. *1. Name and | <input type="checkbox"/> |
| | 2. Official Title | <input type="checkbox"/> |
| | *B. Signature | <input type="checkbox"/> |
| | *C. Date Signed | <input type="checkbox"/> |

Comments:

Form 1 is missing	<input type="checkbox"/>
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Items preceded by * must be submitted by _____.

ITEM NUMBER

*II. A First Application

1. Existing Facility Date (on or before November 19, 1980) ☐
2. New Facility Date (after November 19, 1980) ☐

*III. Processes

- A. Process Code ☐
- B. Process Design Capacity-Amount
 1. Amount ☐
 2. Unit of Measure ☐

*IV. Description of Hazardous Wastes

- A. EPA Hazardous Waste Number ☐
- B. Estimated Annual Quantity ☐
- C. Unit of Measure ☐
- D. Processes
 1. Process Codes ☐
 2. Process Description ☐

V. Facility Drawing ☐VI. Photographs ☐VII. Facility Geographic Location ☐

VIII. Facility Owner

- *1. Name of Facility's Legal Owner ☐
2. Phone ☐
- *3. Street or P.O. Box ☐
- *4. City or Town ☐
- *5. State ☐
6. Zip Code ☐

***IX. Owner Certification**

A. Name

☐

B. Signature

☐

C. Date Signed

☐

***X. Operator Certification**

A. Name

☐

B. Signature

☐

C. Date

☐

Comments:

Form 3 is missing

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Items preceded by * must be submitted by _____.